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Bib Data Sheet

CONFIRMATION NO. 4605

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|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/568,326   | <b>FILING OR 371(c) DATE</b><br>02/16/2006<br><b>RULE</b>   | <b>CLASS</b><br>137               | <b>GROUP ART UNIT</b><br>3753   | <b>ATTORNEY DOCKET NO.</b><br>1935-00178 |
| <b>APPLICANTS</b><br>Kjetil Naesje, Sandnes, NORWAY;   |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b> <i>SI</i><br>This application is a 371 of PCT/NO04/00245 08/13/2004  |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>SI</i><br>NORWAY 20033657 08/18/2003   |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 05/25/2006  |   |                                   |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>SI</i><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>13                |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                                   |   |  |
| <b>ADDRESS</b><br>26753  |   |                                   |   |  |
| <b>TITLE</b><br>Device for underpressure-activated dispensing of fluids  |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |